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ABSTRACT

Support services provided for special education in the Des Moines (Iowa) Independent Community School District (DMICSD) were evaluated. The context evaluation, input evaluation, process evaluation, product evaluation, and future planning of the support services are described. The DMICSD employs physical therapists, occupational therapists, adaptive physical education and itinerant vision teachers, speech-language pathologists, school social workers, and school psychologists through a contractual arrangement with Heartland Area Education Agency 11. These personnel provide services to students identified as needing special education, as well as to regular education students if needs arise. There are 3,610 special education students in the DMICSD, and an additional 837 not in special education programs receive services. The primary services include: (1) consultation; (2) assessment; (3) counseling; (4) direct or indirect therapy; (5) educational or behavioral interventions; (6) follow-up assessment; (7) parent/teacher education; and (8) referrals to community agencies. Staffs submit monthly reports, and annual summaries are sent to the State Department of Education. The use of district norms for curriculum based assessment and the Behavior Rating Scale has resulted in better monitoring and more integration of students in regular education. Plans are underway to improve and expand services while increasing collaboration with regular education and community agencies. (SLD)

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SPECIAL EDUCATION SUPPORT SERVICES

PROGRAM EVALUATION REPORT

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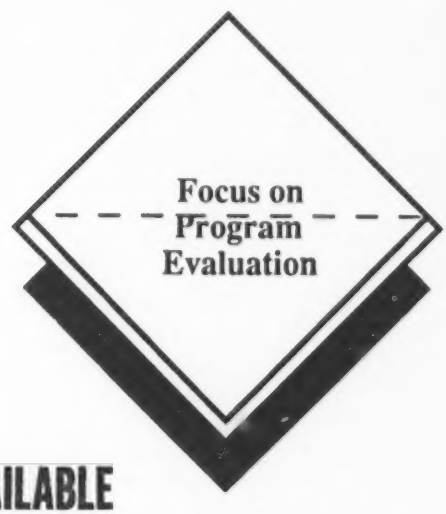

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EVALUATION ABSTRACT

SPECIAL EDUCATION SUPPORT SERVICES

CONTEXT EVALUATION: The Des Moines Independent Community School District employs physical therapists, occupational therapists, adaptive physical education and itinerant vision teachers, speech-language pathologists, school social workers and school psychologists through a contractual arrangement with Heartland Area Education Agency 11. Support services personnel primarily provide services to students identified as needing special education. Services also are provided to regular education students through consultation with school staff and direct work with students and families as needs arise. There are 3,610 Des Moines public and non-public schools students enrolled in special education programs. An additional 837 students not in special education programs receive ongoing support services. The state and federal mandates require Individualized Education Plans for each student which includes specific instructional and support services objectives.

The support services program is committed to the special needs of students from birth to age 21 enrolled in public or non-public schools in Des Moines. It includes preschoolers who are not enrolled in school. It recognizes the uniqueness, creative potential and human spirit of each student. Its primary purpose is to assure appropriate assistance to all students so that they can develop their maximum potential. The program especially focuses on the educational and mental health needs of students through collaboration with peers, parents, school staff and community agencies.

INPUT EVALUATION: During 1990-91, the budget expense for salaries, benefits, travel, purchased services, materials, equipment and indirect cost is $3,226,226. The primary funding sources for these revenues are the Iowa and United States Departments of Education.

The support staff consists of the following full time equivalent positions: 3.5 physical therapists, 7.1 occupational therapists, 1.0 assistant occupational therapist, 1.0 adaptive physical education teacher, 1.0 itinerant vision teacher, 27.1 speech-language pathologists, 1.0 communication associate, 17.3 school social workers and 18.2 school psychologists. These numbers include three administrative positions. Within the Department of Special Education, six secretaries are shared between Instructional and Support Services personnel.

PROCESS EVALUATION:
The primary services consist of consultation, assessment, counseling, direct or indirect therapy, educational and/or behavioral interventions, follow-up assessment, parent/teacher education, and referrals to community agencies. All students who are placed in special education programs receive support services at one time or another. Human resources are allocated according to the special needs of students in various school settings. Annual goals are developed by each service unit to improve program quality and assure compliance with state and federal mandates.

The staffs submit monthly reports on services provided and the monitoring of student progress. Annual summaries are sent to the State Department of Education. Improved strategies are being developed in the areas of prevention, identification, instruction and collaboration through the Neighborhood Schools Project. The regular and special education instructional and support staff are working together to improve services delivery to students with disabilities.

PRODUCT EVALUATION:
All 3,610 students placed in special education received services from support staff at one time or another. A major portion of staff time was devoted to consultation, assessment, interventions, counseling and staffings. Comprehensive evaluations were completed on over 2,500 students. The support staff has intensified their pre-referral activities by training Building Intervention Cadres and designing intervention strategies to assist students with special needs. The study of minority issues resulted in more stringent assessment and placement procedures.

The use of district norms for Curriculum Based Assessment and Behavior Rating Scale has resulted in better progress monitoring, less special education placements and more integration of students in regular education. The Crisis Response Teams, comprised of psychologists, social workers, counselors and nurses, have assisted students, staff and parents in coping with several tragedies.

FUTURE PLANNING:
Plans are under way to improve and expand services through At-Risk Students and Neighborhood Schools Projects. The efforts will be intensified to increase collaboration with regular education and community agencies. The funding base is being expanded through special grants to address severe and complex problems experienced by students in Des Moines. The Student Services Advisory Council is developing recommendations for restructuring and enhancing effective delivery of support services. In-service activities, on cross-cultural issues, functional assessment, collaborative consultation, and behavior management are under way.

A copy of the complete CIPP report is available upon request from the Department of Information Management, Des Moines Public Schools, 1800 Grand Avenue, Des Moines, Iowa 50309-3399. Telephone 515-242-7839.

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DES MOINES, IOWA 50309-3399

February 1991

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DISTRICT MISSION STATEMENT

DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT
DES MOINES, IOWA

"THE DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT WILL PROVIDE A QUALITY EDUCATIONAL PROGRAM TO A DIVERSE COMMUNITY OF STUDENTS WHERE ALL ARE EXPECTED TO LEARN."

DEPARTMENT OF SPECIAL EDUCATION

MISSION STATEMENT

"THE DEPARTMENT OF SPECIAL EDUCATION PROVIDES SPECIALIZED INSTRUCTION AND SUPPORT TO SCHOOLS AND FAMILIES TO MEET THE EDUCATIONAL NEEDS OF STUDENTS WITH DISABILITIES."

CONTEXT EVALUATION

SPECIAL EDUCATION SUPPORT SERVICES HISTORICAL PERSPECTIVES

The Des Moines Independent Community School District has a long and exemplary history of providing support services to students. From the early 1900s, special education and support services were evident in the district. Programs grew at a steady yet slow pace until passage of the Education for All Handicapped Act of 1975 (P.L. 94-142). This Act stated that students with disabilities had the right to a free and appropriate education regardless of the severity of their disabilities and were entitled to support services which enabled them to benefit from public education. As students with disabilities were identified, support services staff grew to meet their needs.

In 1975, Area Education Agencies (AEAs) were formed in Iowa to administer and provide special education support services in districts under their jurisdiction. Since the Des Moines school system was already providing many support services, a contractual agreement was developed between Heartland AEA 11 and Des Moines Public Schools to administer its special education and support service programs separately. The main stipulations of this contract were that AEA 11 would oversee compliance of state rules and provide in-service to support staff.

The mission of the program is to continue to provide exemplary services that are educationally relevant to students throughout the district. These services are supportsive to students, parents and teachers and not as separate educational or therapeutic programs. Any student in a Des Moines public and non-public school has access to any of the support service(s) deemed necessary for the student to benefit from an educational program. In addition, support service personnel work closely with many community agencies. A wide range of support services are provided by school psychologists, social workers, speech-language pathologists, occupational and physical therapists, adaptive physical education teachers, special education nurses, and itinerant vision teachers. Below are brief histories of each special education support service.

Psychological Services

The first "psychological consultant" was hired by the district in 1944 and the title was changed to "school psychologist" in 1954. There was a fairly steady growth in the number of staff until 1974. The number of school psychologists increased from 10 to 19 between 1974 and 1976. A full-time administrator was appointed in July 1977. By 1980, the number had grown to 23. Due to declining student enrollment and budgetary constraints, there were staff reductions in 1981 and 1982 with the number leveling off at 19 after 1983. In 1985, a psychologist also was employed to serve gifted and talented students. This position was financed through allowable growth funds but was phased out the following year. There are 18.2 full time equivalent (FTE) psychology positions this year.

Social Work Services

The earliest student service in Des Moines Public Schools was found directly related to the national visiting teacher movement which spread throughout the country in the early 1900s. In 1903, the school district, with an enrollment of 7,397 students, was served by the first Visiting Teacher. These early visiting teachers established the importance of combining the efforts of

home and school in the education of underprivileged children (an early at-risk category). As the school population increased, visiting teachers increased at a rate comparable to school psychologists. With the advent of P.L. 94-142, the title of those workers was changed to "school social worker," and their services were regulated by the federal and state rules of special education.

Speech-Language Services

Speech services have been available to children enrolled in Des Moines Public Schools since the mid-1920s when an itinerant speech correctionist worked with elementary school children exhibiting articulation and fluency problems. A second position was added in the early 1930s. Staff size continued to grow through the ensuing years as more children were identified as needing this service and as the role of the "correctionist" became more diversified. Services continued to be provided primarily at the elementary level until the late 1960s when services were expanded to include students in secondary schools. Thirty-three speech-language clinicians and 13 communication aides were employed by the district during the early 1980s. A change in the Iowa Rules of Special Education in 1988 changed the title to speech-language pathologist. Due to budget restrictions and declining enrollment, there are currently 26.1 speech-language pathologists providing services to public and non-public students.

Itinerant Team

Beginning in 1930, students with physical disabilities or hearing or vision loss were educated at Smouse School. Support services such as physical therapy were provided. Until the passing of P.L. 94-142 in 1975, Occupational and Physical Therapists (OTs and PTs) were hired to work only at Smouse and, later, Ruby Van Meter schools. For many years, there was just one occupational and one physical therapist on staff. At that time, services were provided for students attending special schools and not provided for others throughout the district. In 1975, the district hired its second physical therapist.

After 1975, students from Smouse moved into typical schools and regulations from P.L. 94-142 were implemented. There was a split between therapists serving students in special schools and students with physical disabilities in other schools throughout the district. More therapists were hired and the Itinerant Team for the district was formed. A vision teacher joined the Itinerant Team in order to work with students now served throughout the district. At this time, an Adaptive Physical Education teacher was hired to provide assistance to physical education and special classroom teachers in meeting the students' physical education needs.

The Itinerant Team was initially designed to serve only students with physical handicaps. This responsibility was expanded as more students in other programs were identified as needing therapy services. Today, the Itinerant Team consists of 1.0 consultant, 2.6 occupational therapists, 1.5 physical therapists, 1.0 adaptive physical education teacher, 1.0 itinerant vision teacher, 1.0 certified occupational therapy associate and 1.0 program associate.

GOVERNING POLICIES, STANDARDS AND REGULATIONS

The provision of special education support services, as well as special education instructional programs, is governed by many different rules and regulations. In order to be in compliance with these laws it is necessary to have complete familiarity with them as well as the case law that resulted from their passage and subsequent challenges in court. Brief descriptions of the policies, standards and regulations that affect special education support services in general and specific standards for each area are provided below.

Special education support services are governed by regulations outlined in P.L. 94-142, the Education of All Handicapped Act (1975). These regulations require that all students regardless of the severity or type of handicap receive a free, appropriate public education (FAPE) and that this education be with non-handicapped children to the maximum extent appropriate (Sec. 121a.550). A continuum of placements from full-time regular education or special classes to special schools or hospital programs must be available. Support services are defined as "...transportation and such developmental, corrective, and other supportive services as are required to assist a handicapped child to benefit from special education..." (Sec. 121a.13). Guiding the provision of any service to children are specific due process procedures insuring that parents are fully informed relevant to the service(s) and that they provide written consent for formal evaluation and placement (Sec. 121a.500).

In the Code of Iowa 670, Chapter 12, "Rules of Special Education," further delineation of the provision of special education support services is provided. In this chapter, definitions, licensure requirements, evaluation and placement procedures, finance and appeal procedures are described.

Section 504 of the Rehabilitation Act of 1973
- Prohibited discrimination against handicapped in employment
- Prohibited exclusion of handicapped from federally assisted programs
- Required building accessibility for handicapped
- Requirements for non-discrimination in schools

Individuals with Disabilities Education Act of 1990 (P.L. 101-476)
- Amended P.L. 94-142
- Included autism and traumatic brain injury
- Included transition services

Manual of Policies and Procedures, Special Education, Des Moines Public Schools
- Referral/staffing process, procedures, guidelines for programs and services, three year reviews, least restrictive environment, Individualized Education Plan (IEP) record keeping, confidentiality, procedural safeguards and graduation.

Psychological Services

According to federal rules regarding the education of handicapped children, psychological services are delineated as part of related services (Section 121.13).

The rules specify that "Psychological Services" include: (1) Administering psychological and educational tests and other assessment procedures; (2) Interpreting assessment results; (3) Obtaining, integrating, and interpreting information about child behavior and conditions relating to learning; (4) Consulting with other staff members in planning school programs to meet the special needs of children as indicated by psychological tests, interviews and behavioral evaluation; and (5) Planning and managing a program of psychological services, including psychological counseling for children and parents.

Iowa Department of Education Rules of Special Education (Code 281-41.25(3).i.) outline the role of school psychologist as follows:

"School psychologist" assists in the identification of needs regarding behavioral, social, emotional, educational and vocational functioning of pupils; analyzes and integrates information about behavior and conditions affecting learning, consults with school personnel and parents regarding planning, implementing and evaluating individual and group interventions; counsels with parents, pupils and families; provides parent and teacher in-service education; and, conducts applied research related to psychological and educational variables affecting learning.

Certification of a School Psychologist

The holder of this endorsement is authorized to serve as a school psychologist with pupils from birth to 21. An applicant must complete an approved program of graduate study in preparation for service as a school psychologist leading to a Master's degree with 60 graduate semester hours beyond a Baccalaureate degree.

All the school psychologists employed by the school district are fully certified. In addition, 17 Des Moines school psychologists (85%) are Nationally Certified School Psychologists and five school psychologists hold a license in professional psychology.

Social Work Services

School social worker is defined in the Iowa Rules of Special Education as one who "enhances the educational program of pupils requiring special education by assisting in identification and assessment of the pupils' educational needs, including social, emotional, behavioral and adaptive needs; provides intervention services including individual, group, parent and family counseling; provides consultation and planning; and, serves as liaison among home, school and community."

In order to meet the requirements to serve as a school social worker in the public schools of Iowa, an applicant must meet one of two options for certification/licensure.

Option 1

Completion of an approved course of study for a Master of Social Work degree from an accredited school of social work. The major emphasis of study must be in the areas of regular and special education with a practicum experience in a school setting.

Option 2

If an applicant is approved as a school social worker and serves successfully in that capacity for a probationary period and meets the additional requirements for licensure, recognition as a licensed social worker (LSW) will be conferred.

Speech-Language Services

"Speech-language pathologist" is defined in the Iowa Rules of Special Education as one who "applies principles, methods and procedures for an analysis of speech and language comprehension and production to determine communication competencies and provides intervention strategies and services related to speech and language development, as well as disorders of language, voice, articulation, and fluency."

Currently, all speech-language pathologists in Iowa are required to have a Master's degree in speech pathology in order to work in the schools. They must also either be certified by the Iowa Department of Education or be licensed by the state.

The Iowa Severity Rating Scale - Revised is used statewide to determine the severity of articulation, language, stuttering and voice disorders. This document also identifies criteria for dismissal from Speech-Language Services (on file in the Department of Student Services).

Itinerant Team

In addition to the general standards outlined previously, the Itinerant Team has guidelines which were developed in 1986 to clarify and expand on state and federal regulations. These guidelines address therapy and itinerant services and are on file in the Department of Student Services. The Iowa Department of Education also has specific guidelines for Occupational and Physical Therapists (OTs and PTs) that reflect best practice in the field. National organizations for these two groups have recently developed guidelines as well. Currently, the Iowa Department of Education is working to develop guidelines/recommendations for best practice in the area of adaptive physical education. These should be completed by the end of this school year.

Certification/Licensure

Occupational and physical therapists are licensed by the Iowa Department of Public Health. Occupational therapists are also endorsed by the Iowa Department of Education for work in public schools. Each therapist must obtain 30 hours (OTs) or 40 hours (PTs) of continuing education credit every two years in order to maintain a license. Certified occupational therapy assistants (COTA) receive certification through the same agencies. They must obtain 15 hours of continuing education credits every two years.

Adaptive physical education teachers must meet the state requirements for physical education teachers but are not required to have any other certification. A teacher in this position for Des Moines schools must have the physical education certification for grades K-12 in order to serve the entire district.

Itinerant vision teachers must meet the requirement for certification in the area of visual impairments as outlined by the Iowa Department of Education. No additional certification is necessary.

OTHER CONTEXT INFORMATION

Psychological Services

Studies

A self-study in 1980 and a management audit in 1983 were completed by the school district. The major findings and recommendations from these studies were as follows:

Findings

1. Major services provided by school psychologists were consultation, assessment, and counseling. A smaller portion of time was devoted to interventions, in-service, and liaison work. The service varied depending on the setting and needs of students.
2. The quality of service was rated high, but quantity was low due to limited psychologist time appropriated to each building.
3. The principals and teachers indicated a high level of awareness of psychologists' role function but a difference was noted between the actual and desired services as reported by psychologists and consumers.
4. On the average, a psychologist in Des Moines was serving four schools with a 1:1700 psychologist-student ratio. The average caseload was 200 students per psychologist during the school year.

Recommendations

1. Standardize referral and assessment procedures throughout the district for consistency in psychological service delivery
2. Strive toward achieving 1:1000 psychologist-student ratio as recommended by the National Association of School Psychologists
3. Update skills through in-service education in order to serve students with low incidence handicapping conditions
4. Get more involved in serving the gifted and non-public school students
5. Provide ongoing feedback to teachers regarding special needs of students

The school psychologists were surveyed in 1989 for their input regarding psychological services. The most important problems identified were (a) increasing work load, (b) lack of adequate working conditions, (c) increasing severity of student and family problems, and (d) teamwork and paperwork requirement issues.

A multidisciplinary advisory council was established to study the issues further and recommendations will be ready in spring 1991.

Note: Complete copies of these studies are on file in the Department of Information Management, 1800 Grand Avenue, Des Moines, Iowa 50309-3399.

Program Description

Twenty school psychologists (18.2 FTE) are providing psychological services to all the public and non-public schools in Des Moines. Primarily the services include consultation, assessment, counseling, in-service education, liaison with community agencies and educational research. Human resources are allocated according to student needs and program locations. Two full-time psychologists are assigned to the Preschool Handicapped program, one full-time at Van Meter school, and one half-time to the Deaf and Hard of Hearing program. Typically, a school psychologist devotes one day per week in each building but

Smouse school is served on a three day a week basis and each Alternative high school is allocated two days per week. All non-public schools are served on an on-call basis; except Holy Trinity school which needs a psychologist one-half day per week.

Past Needs

In response to implementation of Iowa Law 281 in 1975 and federal legislation P.L. 94-142, the school psychologists were primarily involved in identification, assessment and placement of students in special education programs. Over the last 15 years, the role of school psychologists in Des Moines has changed significantly. As the level of services increased during these developing years, so did the expectations of parents and school personnel.

The school psychologists are required to provide services to every public and non-public school. The influx of refugees from Southeast Asia, mobility, economic, societal and technological changes have created additional populations to be served. The problems of students are more complex and severe because of diversity which exists in Des Moines. However, the special education support budgets and human resources have not kept pace with the increasing demands. Consequently, the school psychologist to student ratio of 1:1,940 in Des Moines is one of the highest in the state. The state and federal rules also require a lot of documentation which results in additional paperwork.

Goals and Objectives

1. Improve the level and quality of psychological services by becoming more involved in pre-referral activities.
2. Provide training to staff on functional assessment, curriculum based assessment and intervention strategies through district, Heartland AEA 11 and other professional workshops and in-service activities.
3. Evaluate the productivity of school psychological efforts through analysis of data collected through monthly service reports.
4. Intensify efforts in providing direct services to students, e.g. counseling and group work.
5. Promote public understanding and support of special education and school psychological services.
6. Provide professional supervision for practicum students and interns in school psychology.
7. Provide counseling to deaf and hard of hearing students to deal with specific issues.
8. Intensify staff participation in Phase III activities in order to achieve career level III-A for all qualified psychologists.

Improvements

The role of the school psychologist has expanded but the staff time is being used more effectively and efficiently. This is evidenced by the fact that psychologists have more opportunities to get involved during pre-referral interventions. In addition, the focus on evaluations and placements of students has decreased significantly.

A school psychologist with signing skills has implemented counseling services to deaf and hard of hearing students at Lucas, Callanan and Roosevelt schools. Plans are under way to reorganize service delivery following the recommendations from the Student Services Advisory Council. The monthly service report has also been revised in order to collect data which will reflect the school psychologists' activities more adequately. The psychologists are retooling their skills through in-service and staff development activities in order to serve the changing needs of students.

Social Work Services

Studies

The most recent study of social work services in Des Moines was completed in 1989. It was a study conducted within the Department of Student Services to review the roles and services of the school social worker with recommendation for improved services.

Some of the major recommendations were these:

1. A need for additional space and equipment or a better utilization of what is now available.
2. Consider a district-wide in-service for building personnel regarding support staff role and appropriate utilization.
3. Review staff assignments and caseload based solely on the need in each building.
4. Develop cohesive and effective building teams.
5. Determine the need for a flex-time scheduling for non-school hours.
6. Improve the coordination of the At-Risk program within the district.

Program Description

The purpose of school social work is to assist building staff as they address their concerns about specific students. This assistance may be in the form of designing strategies to be used within the building, by networking with community agencies, working directly with students and/or their parents. The social workers also provide in-service training to building staff to improve their skills to deal with student problems.

The knowledge and experience that the school social worker brings to the school environment includes human growth and development, physical and emotional pathology, individual and family therapy, and the resources available from community and social service agencies. School social work services are related to but not synonymous with, the services of other school support staff and community agencies.

The amount of time involved on behalf of an individual child varies greatly with the complexity of the situation. One of the factors in the effectiveness of this service is the number of buildings and students assigned to each social worker. Three social workers are currently assigned to special schools or populations. The remainder of the staff serve five buildings with a student population between 2,000 and 3,500 students. As a result of the high ratio of students to social workers, the social worker often lacks enough time for in-depth treatment of problems.

The role of the school social worker can be described as having four major functions. The social worker is a:

Caseworker--who is basically a counselor for students and their parents.

Collaborator--who works cooperatively (interdisciplinary) as a team member with other school staff.

Coordinator--who serves as an agent to bring home, school and community into a better working relationship.

Consultant--who may confer with "significant others," even though the consultant is not directly involved with the student and the immediate problem.

The first three of these functions indicate the direct service of the school social worker, whereas the fourth function is an example of an indirect service.

A primary focus of school social work services is prevention. The concern at this point is to assist students, their teachers and parents to minimize educational and personal problems. The school social worker strives to remove barriers to learning and help students to achieve a successful school experience.

In the prevention, early identification and remediation of a student's problem, the school social worker is concerned with:

The student--to establish a relationship that enables the student to recognize a problem situation, participate in the development of a plan to reduce counterproductive behavior, evaluate the progress and reinforce the effort to improve.

The parent--to help the parent understand the student's problem within the school setting and to encourage their cooperation with a plan, involving the parent, to resolve the problem.

The school--to provide building personnel with information regarding student problems, causes and remedies, and continually updating personnel with progress and serving as a common link between school and home.

The community--to orchestrate appropriate community resources to assist the educational program of the student.

Federal and state rules require a program review and three-year review for every special education student. The school social worker is responsible for updating assessment of social functioning (social or developmental history).

Past Needs

One of the principle requirements in the efficient functioning of a school program, is the satisfactory school adjustment of diverse student population. In recent years, a new specter has appeared on the educational scene to confront school personnel with unusual barriers to learning, i.e. pornography, child abuse, divorce, economic problems, suicide, homeless families and students, mobility, and students affected by drugs or alcohol. The need to prepare staff becomes essential if staff are going to have any chance to offer recommendations or solutions to the social/emotional problems that interfere with the educational progress of students.

Goals and Objectives

Each year, school social workers in their assigned buildings, provide the services specified in the rules of special education to help achieve the objectives of the student's educational plan.

1. Provide individual and group counseling.
2. Consult with the teacher to provide additional understanding regarding the student's needs or behavior.
3. Provide an assessment of a student detailing the social interaction within the school, home, and community.
4. Participate in educational staffings to provide coordinated evaluation and programming for the student.
5. Serve as a liaison for the school, family, and community agencies.
6. Participate in and provide in-service programs.

7. Coordinate services with local, county, state, and federal social agencies to develop a functional delivery system.
8. Consult with administrators, teachers, and students and their families to provide useful educational information.
9. Participate in developing services needed for students, schools, and communities.
10. Contribute research and literature in the related fields of education and other student service areas.

Improvements

Annual clarification of responsibilities, areas of priority, and overall program services is essential in the initial planning between the building administrator and the school social worker to keep the desired services on target with building needs each year. The needs of the school, the faculty and the neighborhood served by the school are reviewed at the beginning of each school year to clearly delineate the responsibilities that will be established for the school social worker. Such early planning helps to establish the guidelines, schedules and service parameters that insure that identification, assessment, planning, implementation and evaluation of program services will address the needs of a new school year. Every effort is made to continually respect the building administration request to keep the same support staff (team) in the same building on the same day to expedite staffing, planning and building meetings, etc. The staff responsibilities associated with the building crisis team are periodically reviewed to be able to respond efficiently to disturbing emotional situations in the buildings, such as suicide, emergencies, and concern over the current gulf crisis.

Speech-Language Services

Studies

In the early 1980s, the Iowa Department of Education surveyed teachers in AEA 2, 9, 11 and 16 about the relationship between speech and language disorders and academic learning. Teachers were asked to rate students across a wide range of ability areas. Students who had been identified as having a moderate to severe articulation and/or language problem were rated as having more difficulty with academic learning than students with normal articulation and language skills (as per interview with J. Freilinger, Iowa Department of Education, January 1991).

Another study by Silverman and Paulis, published in Language, Speech and Hearing Services in Schools, April 1989, determined the impact a mild articulation disorder ("w" for "r") has on peer perception. A high school sophomore who substituted "w" for "r" was judged to speak poorly, be less talkative and hear less well than his or her peers. Speech was described as being unpleasant, soft, boring and dull. The student with the speech disorder was judged as being more tense, nervous and afraid. He or she was judged to be less employable, friendly, sane, educated and confident than a "typical" peer. A study of the attitudes of fourth and sixth graders toward peers with mild articulation disorders reported in the January 1991 issue of Language, Speech and Hearing Services in Schools supported the Silverman and Paulis study.

The results of these studies indicate the need to enroll students in speech services for problems that previously had been considered mild in nature. With current caseloads this has not been a priority.

In order to determine the relationship between early language disorders and reading problems, a study was conducted and reported on in the August 1989 issue of ASHA, which is a monthly publication of the American Speech-Language and Hearing Association. Poor performance on certain language tasks (understanding complex sentences, selecting missing words in sentences and retrieving words rapidly) was identified as a good predictor of future reading problems. Other studies have supported the fact that children with poor oral language skills have more difficulty with learning to read than children without language disorders (on file with the Supervisor of Speech-Language Services). The research clearly indicates that language disorders can result in a student's having much difficulty in learning to read. In order to minimize the effects of communication disorders on academic learning, an effort has been made to provide services at an earlier age.

Des Moines Public School's speech-language pathologists participated in a study which was designed by the Iowa Department of Education and the University of Iowa in 1985. New norms for speech sound development were established and are now in use so that children experiencing difficulty in sound production are not enrolled in speech services if their errors are developmental in nature based on local norms.

The speech-language services staff also participated in a study designed by the University of Iowa in 1986 and the follow-up study being done during 1991 to determine risk factors for speech-language disorders. The original data were inconclusive and it is hoped that the follow-up data will help determine which factors present during birth and infancy affect speech-language development.

Program Description

During the 1989-90 school year, 1,686 students received speech-language services. Of these, 853 students were not enrolled in any special education program. The remaining students receiving speech-language services were enrolled in other special education programs as follows: Deaf and Hard of Hearing, 66; Behavioral Disorders, 103, Learning Disabilities, 134; Mental Disabilities, 407, Physical Disabilities, 18; Visual Impairment, 16; and Severely/Profoundly Handicapped, 89. One hundred eighty-eight children under the age of five, 1,111 elementary age students, 201 students in middle schools, and 188 high school students received speech or language services.

In addition to those students receiving remediative speech-language services 3,813 pupils receive a speech-language adequacy screening and 1,436 pupils received a comprehensive diagnostic speech-language evaluation as a result of screening, referral or follow-up. Speech-language pathologists provided speech-language development/improvement programs in the classroom for 1,093 students and 353 pupils received pre-evaluation services.

In order to receive speech-language services, a student must experience a disorder in one or more areas of communication development. Articulation problems may exist with children who don't develop sounds at expected age levels. Language problems may occur in one or more of the following areas:

1. Syntax--the ability to structure sentences correctly.
2. Pragmatics--the ability to listen and speak appropriately in social situations.
3. Vocabulary--the ability to understand and use an adequate number and type of words.

Voice problems may exist with children who have voices which are not common for their age and sex (i.e., hoarse, excessively loud, nasal). Fluency (stuttering) problems may exist with children whose flow of speech is disrupted by sound and word repetitions, silent blocks, or lengthening of sounds.

Any child (including those in non-public schools) birth to graduation may be identified and served by the speech-language pathologists in the Des Moines Public Schools. Students are identified in the following ways:

1. Referrals--teachers, medical personnel, school staff members, daycare providers and parents make referrals to the speech-language pathologist.
2. Screening--based on observations in the classroom, the speech-language pathologist and the teacher determine children exhibiting communication differences which require more extensive evaluation.
3. Evaluation--after obtaining written permission from the child's parents, tests are given to determine the existence of an articulation, voice, or fluency problem.

Instructional Methods

After it is determined that a student exhibits a communication disorder, the speech-language pathologist meets with parents to develop a remediation plan called the Individual Education Plan (IEP). Goals and objectives are written to address the child's specific communication needs. The following program options are available:

1. Individual or small group sessions in the public school building for school age students.
2. Individual or small group sessions in the public school building for preschoolers.
3. Communication training in special education classrooms.
4. The Kindergarten Language Enrichment Program (KLEP), a half-day option for kindergartners with moderate to severe speech and language impairments.

5. The Early Childhood/Special Education program, a half-day program for preschoolers with identified disabilities.
6. Consultation to parents and teachers for all children identified as having a communication problem.

Students are served in a variety of ways when they are receiving clinical speech/language services. Des Moines Public Schools' speech-language pathologists, in conjunction with Heartland AEA 11, have established and utilize a Levels of Service Guide for use in determining type and amount of service based on the severity of the communication problem and services received from other personnel (on file in the Department of Student Services).

Past Needs

Passage of Iowa State Law 281, Public Law 94-142, and the establishment of the Area Education Agencies have allowed for comparable speech and language services to be provided in every school throughout the Des Moines area. The task of providing for students in an urban area such as this has required training, experience, and a high level of professional commitment on the part of the speech-language pathologists who make up the staff.

In the past fifteen years, many events have occurred within the fields of speech-language pathology and special education which have resulted in changes of perspective and of service delivery. Early models of service delivery placed emphasis on assessment and remediation with elementary aged students. The accepted model of intervention was that of working with individuals or small groups in a speech therapy room twice a week for 20 minutes. With the increased awareness of the needs of secondary level students, students with severe handicaps or multiple disabilities and preschool children with disabilities, it became apparent that a continuum of service delivery models must be utilized which could provide for a broad range of individual and programmatic needs. In addition to the traditional methods of remediation, speech-language pathologists are increasingly using consultation, collaboration, classroom demonstration, home programming, and other approaches which increase the range of intervention strategies. Speech-language pathologists have become more cognizant of the total communication needs of the students with whom they work and have sought new ways of meeting these needs.

Goals and Objectives

The basic goal of speech-language services is to provide a program of clinical speech services necessary for identifying, planning, coordinating and implementing remediation, within the total educational framework, according to the individual needs of pupils educationally handicapped by deficits in oral communication.

The primary objectives of the speech-language pathologists are to:

1. Conduct an annual speech adequacy survey of all pupils in one grade of each elementary school served.
2. Assume responsibility for the professional diagnosis of speech, voice and language disorders.
3. Assume responsibility for designating the type of professional clinical speech services needed by pupils who are handicapped by deficits in speech, voice or language.
4. Provide referral services to other specialists when further evaluation or service is indicated.
5. Schedule clinical speech services in each school served.

6. Provide direct remediation services on individual, small group, or combination individual/small group basis according to individual need in terms of frequency and duration.
7. Provide indirect and consultative services for those pupils for whom direct remediation would not be beneficial.
8. Dismiss a student from the program of clinical speech services when it becomes evident that he is able to adequately control his speech in most situations.
9. Prepare and distribute reports designed to inform parents, teachers and administrators of the result of speech evaluations of students.
10. Maintain individual records of diagnosis and service for each student enrolled in a program of remedial services.
11. Prepare and distribute reports designed to inform parents and teachers of the progress made by pupils enrolled in the program for remedial services.
12. Provide in-service education for parents, teachers and other school personnel concerning clinical speech services, consultative services and with respect to the development and improvement of speech of the general student body.

Improvements

Traditionally, screening procedures involve the speech-language pathologist's use of a "screening" instrument on a one-on-one basis with a student in order to determine the need for further evaluation. Research has shown that a classroom teacher, following specific training, and the speech-language pathologist together are the most effective determiners of a child's communicative competence in the school setting.

The Des Moines Schools' speech-language pathologists utilize such a procedure. It was developed by AEA 9, AEA 11 and Des Moines Public Schools speech-language pathologists (see Speech-Language Services Manual , 1990, on file in the Department of Student Services).

In order to more effectively serve those students in the Mental Disabilities program, the speech-language pathologists in Des Moines developed a functional language curriculum. This curriculum, called "Improving Communication Through Life Skills Training," is utilized in mental disabilities classrooms in the elementary schools (on file in the Department of Student Services).

A new Speech-Language Services Manual was developed during 1990. This was a major undertaking which became necessary as compliance issues, paperwork requirements and improvements in "best practices" changed the role of the speech-language pathologist.

Prior to the 1989-90 school year, Speech-Language Services to students in Early Childhood Special Education classrooms were provided by one and a half speech-language pathologists assigned exclusively to that program. In order to provide more consistent services with less time spent on travel, the classes are now served by the speech-language pathologist assigned to the buildings in which they are located. The assignments of Speech-Language Services in those schools were adjusted to accommodate the increased demands on their time created by the addition of the Early Childhood Special Education classes.

Itinerant Team

Studies

Accessibility studies were done in 1983, 1987, and updated in 1990. These surveys have had significance in planning for educating students in their home high school attendance areas. Results of the most recent study show that Hoover and its major feeder, Meredith, are accessible. Two of the four elementary feeders to Hoover are also accessible. The other comprehensive high schools need stair climbers or elevators for accessibility. The respective feeders at the middle and elementary schools show great variation in the amount of accessibility. In most schools, modifications in restrooms would be necessary for accessibility. High school students with physical disabilities who require wheelchairs are presently limited to Hoover. The only other high school which could reasonably accommodate students in wheelchairs would be North High.

Program Description

Occupational and Physical Therapy

The district now has three programs to which occupational therapists and physical therapists (OTs and PTs) are assigned: Smouse/Van Meter, Itinerant Team, and Early Childhood Special Education (ECSE). Full-time equivalent assignments are:

- 2.5 OTs and 1.0 PT at Smouse and Ruby Van Meter
- 2.6 OTs and 1.5 PTs with the Itinerant Team
- 2.0 OTs and 1.0 PT with the Early Childhood Special Education Program
- 1.0 Certified Occupational Therapy Assistant (COTA) with the Itinerant and Smouse programs

Occupational therapists serve approximately 329 students and physical therapists serve approximately 166 students. Caseloads are averaging 47 students for each therapist which is above the recommended level of 30. Students are continually being referred for evaluation. If many qualify for services, it will increase caseloads further.

Instructional Methods

Therapists design interventions to meet the individual needs of students. Those needs determine the model of service delivery, the level of service and the method of therapeutic intervention. Students receive therapy only for problems which hinder their successful functioning in an educational program.

Therapy is provided in one of three service delivery models: direct, integrated, or consultative.

Direct therapy is done in an isolated setting. The therapist removes the student from classroom activities and works with him/her on a prescribed set of activities.

Integrated therapy involves the therapist working with the student in the classroom setting and working closely with the classroom teacher to ensure that techniques designed for the student are carried out throughout the student's educational program.

Consultation involves the therapist meeting with the classroom teacher on a regular basis to discuss student needs. They design interventions together which are implemented by the classroom teacher.

The level of service refers to the amount of time a therapist spends providing service to a student. A wide variation exists in the level of services provided by occupational therapists

and physical therapists. Therapists may see students several times each week, monthly or for a short period of intensive service and then re-evaluate the level of service.

Methods of therapeutic interventions also vary based on student need and the training of therapists in specific techniques. Some techniques require more formalized training than others. Most techniques are designed to address a specific range of problems.

Adaptive Physical Education

One Adaptive Physical Education teacher provides services throughout the entire district, with the exception of Smouse and Ruby Van Meter Schools. Although the physical education teacher has an active caseload of 27 students that are seen each week, services are also provided to 16 classes weekly. In addition, all students with mental disabilities in regular schools are served on a regular basis.

Content

Students are eligible for adaptive physical education services if they demonstrate significant gross motor impairment which interferes with their educational development. Areas of concern include running speed and agility, balance, bilateral coordination, strength, upper and/or lower limb coordination, upper and/or lower limb dexterity or speed, ball skills, walking, jumping, hopping, skipping, kicking, and stair climbing.

The adaptive physical education curriculum parallels the regular physical education curriculum by adapting activities to help students develop skills in areas of deficiency. Providing services not only involves time with students but also time with the physical education teacher in order to coordinate programs.

Itinerant Vision Services

The district's one Itinerant Vision teacher serves 30 students with visual impairments at elementary, middle and high school levels. The frequency of services varies based on student need. One student learning Braille is seen five hours each week enabling him to receive academic credit for his efforts. Students generally are seen twice each week.

Content

Students follow the regular curriculum with materials adapted as needed. The itinerant teacher sees that large print materials are available for use in the classrooms. For students who use Braille, classroom materials such as tests, worksheets, and homework must be adapted on a regular basis. This is a time consuming task and, therefore, having a Braillist is critical. Currently, the associate in the self-contained vision classroom assists with the Brailling.

Mobility training also is a large part of the itinerant services. Students must learn how to get around using a cane or other assists and must know their way around the school buildings. This is a never ending process as students may move from one neighborhood to another or move from elementary to middle to high school.

Past Needs

There has been primarily one area of need concerning occupational and physical therapy services within the district. It is the issue of recruitment and retention. There is a national shortage of occupational therapists and physical therapists and jobs in hospitals and the private sector pay better than public schools. This, as well as case-loads well above the recommended state and national levels, make the job less attractive. Acquiring continuing education credits also is a more difficult task in the public schools. Therefore, as an incentive, we accommodate staff's desire to work part time.

Over the past 15 years, therapists have been assigned to specific programs based on the needs of students. This has meant a shifting of assignments at several times in the past. Therapists continue, however, to be assigned to three separate programs; Early Childhood Special Education, Smouse and Van Meter schools, and Itinerant Team.

Goals and Objectives

The goal of the Itinerant Team support service programs is to provide settings and services that will enable students determined to be in need of special education to:

1. Participate in the least restrictive educational setting,
2. Improve ability to function in educational settings,
3. Learn compensatory skills to bypass deficit areas,
4. Improve function in self-help skills, ambulation and academics, and
5. Foster a healthy self-concept.

Improvements

Over the past several years, improvements have been made in areas related to simplifying and clarifying the service delivery process.

1. Guidelines outlining procedures for providing occupational therapy, physical therapy, adaptive physical education, and vision services have been developed.
2. Screening tools have been developed for clearly determining needs for evaluation and/or services.
3. A referral information sheet has been developed which expedites the referral process.
4. A committee is working to evaluate effective methods for consulting with and training district staff regarding intervention strategies.
5. A special project has been piloted with Iowa Methodist Medical Center and occupational therapists and the nurse serving Smouse School. The project is designed to assist families with nutritional issues that at times interfere with a student's ability to benefit from educational programs. The project has been highly successful and has been expanded during the current school year.

INPUT EVALUATION

BUDGET AND SOURCES OF REVENUE

During 1990-91, the budget expense for salaries, benefits, travel, purchased services, materials, equipment, and indirect cost is **$3,226,226**. The primary funding sources for these revenues are the Iowa and United States Departments of Education. A breakdown of program expenditures are summarized below.

Revenue

Source	Programs				
	Psychology	Social Work	Speech	Itinerant	Total
* Money from AEA (State Funds)	$677,859	$688,533	$930,539	$444,056	$2,740,987
P.L. 94-142, Part B	84,306	48,724	149,072	122,946	405,048
P.L. 99-457	47,619	----------	18,295	----------	65,914
AEA Federal	----------	----------	----------	14,277	14,277
Total	$809,784	$737,257	$1,097,906	$581,279	$3,226,226

* Local property tax and state aid

Expenditures

	Psychology	Social Work	Speech	Itinerant	Total
* Salaries	$609,280	$564,577	$833,396	$442,125	$2,449,378
Benefits	159,091	144,400	221,360	124,404	649,255
Travel	5,815	6,630	5,800	7,450	25,695
Consulting	6,775	----------	----------	----------	6,775
Supplies	5,793	650	2,600	2,550	11,593
Equipment	680	----------	4,000	4,100	8,780
Textbooks	----------	----------	----------	650	650
Indirect Cost	22,350	21,000	30,750	----------	74,100
Total	$809,784	$737,257	$1,097,906	$581,279	$3,226,226

* This includes 71.2 certificated, 3.0 administrative, and 3.0 classified staff. These are listed in the abstract.

PROCESS EVALUATION

CURRENT YEAR GOALS/OBJECTIVES

The Department of Special Education develops goals annually . These goals focus on program needs and support building-based objectives. In broad terms, building goals receiving support from special education include:

1. Improve instructional outcomes for at-risk students.
2. Reduce special education referrals.
3. Increase the number of buildings using the Building Intervention Cadre model.
4. Improve behavior, self esteem, and social skills.
5. Increase vocational opportunities for students.
6. Improve conflict management skills for students and staff.

The following goals were identified by the Department of Special Education for the 1990-91 school year.

1. Expand the District's Renewed Service Delivery System efforts through the restructuring of the Department of Special Education.
2. Continue to expand the Neighborhood Schools Project to ten new centers; seven elementary schools, two middle schools, one high school.
3. Complete the second phase of the Minorities in Special Education report.
4. Improve the accuracy of the District data base for special education.
5. Study the effectiveness of vocational education options at the home high school and Central Campus.
6. Develop a plan for serving alcohol and drug-affected children as they enter the educational system.
7. Develop a referral policy to address excessive cumulative absence of students to assure the school district is in compliance with all district and state attendance requirements for all students enrolled.
8. Implement the action plan for students with head injuries which was developed during summer 1989.

PSYCHOLOGICAL SERVICES

1990-91 Program Goals

1. Evaluate students with academic, social, and emotional problems:
   a. Administer standardized, criterion referenced, and projective tests.
   b. Conduct formal classroom observations.
   c. Interview students, parents, and school staff.
   d. Compile relevant information from existing records.
   e. Integrate all records into a written report following the format established by the district.
2. Attend staffings to develop a diagnosis, discuss intervention strategies, make recommendations, complete documents for program placement and monitor progress and intervention plans.
3. Conduct three-year re-evaluations on students in special education programs.
4. Assist students, parents, and school staff in establishing procedures for behavior management.
5. Disseminate evaluation data to other schools or outside agencies upon parent request.

6. Provide consultation to parents, school staff, and administrators regarding students experiencing difficulties in school.
7. Provide individual and/or group counseling to students.
8. Provide in-service to parents and school staff.
9. Conduct professional and applied research.
10. Provide supervision to interns and practicum students.

Responsibility Statement and Supervisor Goals

RESPONSIBILITY STATEMENT:
The responsibility of the Supervisor of Psychological Services is to support the school district's mission by (1) monitoring the implementation of policies related to student assessment, program placement, student records and intervention strategies, and (2) providing leadership to insure adherence to best practices and standards for psychological services to meet special needs of students.

ORGANIZATIONAL TASKS:
The organizational tasks to be performed by the Supervisor of Psychological Services include: (1) planning, implementing and evaluating services provided by school psychologists throughout the school district; (2) planning and managing the psychological services budget; (3) providing leadership and support to foster the development and implementation of improved psychological services; (4) liaison between the Des Moines Public Schools and community agencies, private practitioners, Heartland AEA 11, State of Iowa Department of Education, non-public schools, and universities and colleges.

ORGANIZATIONAL RELATIONSHIPS:
The Supervisor of Psychological Services reports to the Director of Student Services, receives guidance from Heartland AEA 11 and district administrative staff, and provides direction and supervision to all school psychologists and school psychology interns.

1990-91 OBJECTIVES:

WEIGHT(%)	OBJECTIVE
60%	1. Meet the organizational expectations of the Director of Student Services: a. Keep current and comply with local, state and federal special education policies and laws. b. Provide leadership and direction to school psychology staff. c. Observe and evaluate staff activities according to established performance criteria and district standards. d. Prepare and monitor psychological services budgets. e. Provide consultation to school administrators, Student Services staff and parents. f. Plan and provide in-service and professional growth opportunities for school psychologists. g. Maintain accurate student records and disseminate information according to district policies (10-15%). h. Represent the school district at local, state, and national school psychology meetings.
10%	2. Complete psychological services program evaluation report (CIPP) by December 15, 1990, which will be presented to the board on March 5, 1991.

10% 3. Develop and implement a plan to increase psychologist's role in prereferral and follow-up interventions, e.g., consultation and counseling.

10% 4. Provide support and guidance to (a) Neighborhood Schools Project, (b) conflict management programs, (c) At-Risk Students Project, and (d) Student Services Advisory Council.

10% 5. Implement recommendations from Minorities in Special Education Study
100% Committee to decrease the number of minority students in special education programs.

In-service and Staff Development

The school psychologists' primarily focused on the following topics:

1. Curriculum Based Measurement
2. Functional Assessment
3. Collaborative Consultation
4. Non-aversive Behavior management
5. Social Skills Training using Boys Town and Skill Streaming Models
6. Cross-cultural/minority counseling
7. Conflict management
8. Crisis management
9. Counseling techniques, e.g., rational emotive therapy and logotherapy.
10. Attention Deficit Disorders
11. Drug-affected students
12. Brain injuries/neurological impairment

Professional Meetings

In addition to monthly staff meetings, the school psychologists attended joint meetings with other disciplines and following professional meetings:

1. Heartland AEA 11 psychologists' meetings
2. Iowa School Psychologists Association
3. Iowa Psychological Association
4. National Association of School Psychologists
5. International School Psychologists Association
6. Council on Exceptional Children
7. Learning Disabilities Association of America
8. National Staff Development Conference
9. Local and State Autism Society meetings
10. American Psychological Association

Management Systems

In addition to state and federal guidelines, the school district has developed the Manual of Policies and Procedures for Special Education. The school psychologists follow these established standards, e.g., referral process, report writing, counseling, IEPs. The monthly service reports are also required which contains data pertaining to their activities (see Product section).

SOCIAL WORK SERVICES

1990-91 Program Goals

1. To encourage the social work staff to consider using a follow-up consultation with parents following some recent school intervention with their child to:
   a. Review the student's program.
   b. Consider any need for program adjustment.
   c. Determine the need for additional assistance.

2. To provide assistance to the special programs at Moulton, Harding, and North and to observe how the specifics of this program could be incorporated into the regular school social work program for the district.

3. To ask the social work staff to contribute suggestions for the improvement of the overall program of social work services provided by the Des Moines School District.

4. To continue our participation as time and circumstances warrant in the Department of Human Services foster care review staffings by providing educational information to help facilitate placement plans for students in need of this care.

5. To improve the working relationships with the Polk County Youth Shelter personnel in the transfer of student transcripts between their facility and Des Moines schools.

6. To assist with the Iowa Association of School Attendance personnel to provide information and explanation to the state legislature for corrective changes in the compulsory education law.

7. To consider the possible implementation of the school district's ability for early identification of students and families with dysfunctional characteristics for referral to the child welfare system for appropriate service with the Polk County Decategorization Project.

Responsibility Statement and Supervisor Goals

RESPONSIBILITY STATEMENT:
The responsibility of the Supervisor of Social Work Services is to maintain and facilitate the various intervention services and activities provided by school social workers, i.e., identification, prevention, remediation/correction and crisis services to enable instructional personnel to deal more appropriately with the "vulnerable" child and achieve the overall educational objectives.

ORGANIZATIONAL TASKS:
The organizational tasks to accomplish this responsibility include the planning, implementation, maintenance, supervision and evaluation of personnel, practices, and procedures in the area of social work services and the enforcement of school attendance. The appropriate supervision of personnel, the consultation with district personnel relative to the enrollment, assignment and transfer of pupils, the application and enforcement of the district's attendance and discipline policies, the involvement with parents, and the utilization of community resources and agency personnel is essential to achieve effective program objectives.

ORGANIZATIONAL RELATIONSHIPS:
The performance of these tasks fall within the purview of the Director of Student Services and in conjunction with building administration.

1990-91 OBJECTIVES:

WEIGHT (%)	OBJECTIVE
50%	1. Supervision of Student Services activities. a. Assist the Director of Student Services with the general activities of the department. b. Investigate special problems and situations referred to Student Services and provide information and recommendations. c. Provide an explanation of district policies, procedures, and practices, i.e., attendance, discipline, open enrollment, residency and tuition questions, school transfers, school transportation, etc., for school personnel, parents, and community agencies. d. Review the information placed in student files in Student Services and the release of requested information to such agencies as Department of Human Services, Department of Corrections Fifth Judicial District, Polk County Juvenile Court, other school districts, federal agencies, parents, etc. e. Maintain a: • record of students placed in Polk County Youth Shelter and Meyer Hall with the names of the Juvenile Court officer, social worker, and attorney. • calendar of Polk County Juvenile Court hearings. • schedule with the time and date of Department of Human Services Foster Care Review staffings. f. Review with building personnel and the parents of students identified as unsuccessful in their current school programs and recommend appropriate adjusted educational programs for these students. g. Compile and submit a tuition claim against the State of Iowa under provisions of Chapter 282.28, Code of Iowa (Foster Care facilities for non-resident students).
18%	2. Supervise the social work staff and services provided to district personnel, students, families, and community agencies. a. Conduct the evaluation process of school social workers in conjunction with building administration. b. Assign and clarify the role and responsibility for school social workers. c. Keep school social workers aware of policy and procedure, revisions and changes. d. Research and encourage in-service activities for school social workers to enhance meaningful professional growth and job performance utilizing local resources, Phase III, and AEA programs and personnel.
20%	3. Coordinate district attendance procedures. a. To assist district personnel with the implementation of the district's efforts to comply with compulsory education requirements. b. Maintain the district's working relationships with appropriate personnel in the Polk County Attorney's office, District Court, Juvenile Court, and other such agencies, with regard to attendance problems.

c. To supervise the district's responsibilities for the County Attorney's Mediation Project for reduction of serious attendance problems.
d. District truancy officer--file complaints for truancy prosecution and represent the school district at truancy hearings in District Court.

5% 4. Provide a liaison service between the school district and multi-community agencies dealing with enrollments of students, their programs, and exchange of related information.

1% 5. Assist district personnel, students, and their parents during the student expulsion process.

1% 6. Assist students and family members with the arrangements to secure school guardianships through the Probate Department of the Polk County District Court.

5% 7. Develop a referral policy to address excessive cumulative absence of students to

100% assure the school district is in compliance with all district and state attendance requirements for all students enrolled.

Job Description

The School Social Worker will carry out a planned and systematic program of social services in the schools and programs assigned. In order to accomplish this task, the school social worker will; provide the necessary services to complement the building's total educational program; help building personnel become familiar with the services available and the procedures to request them; and, following receipt of a referral, contact appropriate personnel to discuss the problem and develop a plan to meet the needs as identified. The plan will usually involve some type of assessment and intervention that will involve the combined efforts of building personnel, student and parent. When necessary, appropriate community resources may be incorporated.

In-service and Staff Development

The focus of the three-day workshop, Gender/Ethnic Expectations for Student Achievement for Parents, was the effect of the parental role, perceptions, expectations and the home influences on the self-esteem and school success of the child. A culminating activity for the school social worker was to develop a plan to be used with parents that covered selected gender and ethnic expectations in one of the social worker's assigned schools.

In one elementary school, a parent group reported that the activity was worthwhile and a learning experience that should be provided for all parents with children at the elementary school level.

Professional Meetings

School social workers participate in a wide range of professional activities. Every staff member has served a professional organization in some capacity. This year, two social workers presented a program to the National Social Worker Conference in Philadelphia about the role of the Crisis Team in Des Moines schools. Another staff member, appointed by the governor, serves on the state Juvenile Justice Commission. A staff member has served for years as a member of the Board of Governors, International Association of Pupil Personnel

Workers and was the former chairperson of that association's Committee for School Attendance and Discipline. Every year, staff representatives attend various professional meetings at the local, state, regional and national levels.

SPEECH-LANGUAGE SERVICES

1990-91 Program Goals

In addition to the general goals and objectives of the program (see Context), the speech-language pathologists have identified other areas on which to focus during the 1990-91 school year.

1. To develop standards for improved IEPs, including current level of functioning statements, and train staff to utilize the revised standards by May 1, 1991.
2. To develop and implement a staff development plan which includes information, theory, demonstration, practice with feedback, and follow-up activities such as coaching. This plan will ensure knowledge, skill, transfer and "executive control" of the materials presented.
3. Utilize the staff development plan so that speech-language pathologists become proficient in providing speech-language services through a collaborative model for those students who can benefit from it.
4. To assist in the development and implementation of an action plan for students with head injuries to aid their assimilation into the school setting.
5. To assist the Hearing-Impaired program in the development of a communication policy for use with deaf and hearing-impaired students.

Responsibility Statement and Supervisor Goals

RESPONSIBILITY STATEMENT:
The responsibility of the Supervisor of Speech-Language Services and Early Childhood Special Education is to organize and supervise the support services program for preschoolers and students with communication disorders. Further responsibility is to improve and supervise the educational program and services provided for children from birth through age six who have special education needs.

ORGANIZATIONAL TASKS:
The organizational tasks include providing for the development, maintenance, supervision, improvement and evaluation of professional practices and personnel within the area of speech-language services and early childhood special education. Successful performance is expected by the Director of Student Services in establishing future goals and objectives, achieving established goals and objectives, interacting effectively with other staff and the public, and effectively utilizing personnel and other resources.

ORGANIZATIONAL RELATIONSHIPS:
The supervisor reports directly to the Director of Student Services. In addition, the supervisor works cooperatively with the supervisor of the Early Childhood Special Education Program and the supervisor of Speech-Language Services for AEA 11.

1990-91 OBJECTIVES:

WEIGHT (%)	OBJECTIVE
25%	1. Supervise and coordinate the support services provided for children and students with communication impairments. a. Provide leadership and direction to speech-language pathologists and communication associates. b. Be involved in day-to-day experiences.

c. Monitor budgets.
d. Assist with the development of public understanding and support for the area of speech/language services.
e. Review all staffings of speech-language impaired individuals.

10% 3. Serve on committees.
a. Neighborhood Schools Service Delivery Project.
b. Communication Policy for the Hearing Impaired Program.
c. Diagnostic (AEA 11)
d. Recruiting (AEA 11)
e. ECSE Curriculum Committee
f. ECSE 3-year Improvement Plan Steering Committee
g. AEA Interagency Planning Committee

10% 4. Facilitate completion of special education goals.
a. By December 15, the Department of Student Services will complete the CIPP evaluation for instructional and support programs.
b. Develop a plan for serving alcohol and drug-affected children as they enter the educational system.
c. Implement the action plan for students with head injuries which was developed during summer 1989.

* Fifty-five percent of the supervisor's time is spent on responsibilities associated with the Early Childhood Special Education Program.

Job Descriptions

The Speech-Language Pathologist provides a program of clinical speech/language services necessary for identifying, planning, coordinating and implementing remediation, within the total educational framework, according to the individual needs of pupils educationally handicapped by deficits in oral communication.

The Communication Associate, under the supervision of the speech-language pathologist, assists in carrying out the goals of the program by working with certain students who have articulation, language, voice or fluency disorders.

In-service and Staff Development

In-service opportunities are provided by Heartland AEA 11 as part of the contractual arrangement with our district. Additional in-service opportunities are provided at monthly staff meetings. During the preceding year in-service opportunities in which all 31 speech-language pathologists participated included:

1. Two-day workshop on collaboration and the speech-language pathologist with monthly follow-up activities.
2. Working with students with head injuries.
3. Using Enticing Language Activities with Preschoolers.
4. Training on use of new Speech-Language Services Procedures Manual.
5. Student managed articulation programs.
6. A pragmatics program for use in the classroom.

Professional Meetings

The speech-language services staff has participated in and presented at various professional meetings. Fifteen staff members attended the Iowa Speech and Hearing Association fall conference. Two staff members made presentations. Two speech-language pathologists attended the 1990 Convention of the American Speech-Language and Hearing Association in November in Seattle. Two staff members attended the Iowa Department of Education's spring meeting in Cedar Rapids in March 1990. One staff member is responsible for planning and providing a state-wide meeting for using technology in speech pathology during the spring. One staff member received training in Project Leap in Pittsburgh in January 1991. Three staff members attended and made presentations at Iowa Creativity (an AEA sponsored meeting) in Sioux City in September 1990.

ITINERANT TEAM

1990-91 Program Goals

Program goals are developed each year by the Department of Special Education and programs within that department. Goals established by the Itinerant Team support and/or expand on the goals of the department while addressing specific needs within the Team. Goals that are being addressed this year by the Itinerant Team are:

1. Increase the use of the integrated therapy model and collaborative consultation.
2. Reorganize staff assignments for better service delivery.
3. Improve the efficiency of the referral/evaluation process through training of staff in intervention strategies.
4. Establish specific levels of service guidelines describing the time and frequency of services.

Responsibility Statement and Supervisor Goals

RESPONSIBILITY STATEMENT:
The responsibility of the Vice-Principal, Smouse and Supervisor, Itinerant Team and Physical Disabilities Program is to organize, coordinate, evaluate, and facilitate the improvement of services (1) provided to students with severe disabilities at Smouse and other elementary sites (2) provided to students with physical or visual disabilities throughout the district, and (3) provided by occupational and physical therapists and adaptive physical education and vision teachers.

ORGANIZATIONAL TASKS:
Organizational tasks include: (1) planning, facilitating, and evaluating the designated programs, (2) planning and managing the budget for the Itinerant Team and Physical Disabilities Program and assisting with the budget for Smouse, (3) providing leadership and support to all staff in the designated programs, (4) serving as liaison with Heartland AEA 11, other districts, and the Iowa Department of Education, (5) provide direction and support for parents of students with special needs.

ORGANIZATIONAL RELATIONSHIPS:
The Vice Principal, Smouse, and Supervisor, Itinerant Team/Physical Disabilities Programs, reports directly to the Smouse Principal for issues related to Smouse and to the Director of Student Services for issues related to the Itinerant Team/Physical Disabilities Programs. In addition, the supervisor works cooperatively with the occupational therapist/physical therapist supervisor for Heartland AEA 11.

WEIGHT (%)	OBJECTIVE
20%	1. Supervise and coordinate the support services provided by members of the itinerant team. a. Provide leadership for improving services and meeting program goals. b. Monitor budget. c. Review staffings and IEPs for students receiving services.
10%	2. Provide support in day-to-day activities of Itinerant Team members. a. Attend staffings. b. Work with parents. c. Problem solve with staff.

10% 3. Supervise and coordinate programs for students with physical and visual disabilities.
   a. Provide leadership for program improvement.
   b. Monitor budget.
   c. Plan for future program needs.

* Sixty percent of the supervisor's time is spent on responsibilities as Vice Principal of Smouse school.

Job Descriptions

The job functions of personnel working with the Itinerant Team are described below. Occupational therapists and physical therapists working with the Preschool, Smouse or Van Meter programs have the same job responsibilities but work with different students.

1. The **Consultant** for the Itinerant program provides ongoing instructional support to the self-contained vision and physical disabilities classroom staff and itinerant staff. This person facilities the referral and evaluation process and is responsible for record keeping and monitoring.
2. **Occupational Therapists** provide evaluative and therapeutic services to students in the areas of fine motor skills, eye-hand coordination, self-help skills, activities of daily living, and gait. They are responsible for working with students and staff in order to facilitate student progress.
3. **Physical Therapists** provide evaluative and therapeutic services to students in the areas of gross motor skills, mobility, and positioning. They are responsible for working with students and staff in order to facilitate student progress.
4. The **Adaptive Physical Education Teacher** is responsible for providing specialized physical education activities to student and working closely with district physical education teachers to facilitate student progress in gross motor areas.
5. The **Vision Itinerant Teacher** is responsible for providing students with the necessary materials and training in order to participate in regular school programs. This person must also work closely with regular education staff to facilitate this process.
6. The **Certified Occupational Therapy Assistant** works under the direction of the occupational therapists to provide direct therapeutic services to students, makes adaptive devices or adaptations to equipment, and keeps therapists informed of student progress.
7. The **Itinerant Associate** is responsible for carrying out instructional programs designed by therapists such as typing and computer skills to assist students in regular classroom participation.

In-service and Staff Development

Several members of the Itinerant Team hold Phase III-A status and therefore take the necessary staff development courses for that position. Other in-service courses are provided through Heartland AEA 11 but are limited in number. Due to the requirements for therapists to receive Continuing Education Units (CEUs), therapists have had to look outside the district for workshops that provide this credit. The district staff development programs do not meet this need.

Professional Meetings

The Itinerant Team meets on a regular basis to discuss needs and plan for future change. Information from meetings and workshops attended by members of the Team is shared also. Over the past several years, members of the Itinerant Team have attended various state,

regional, and national workshops and conferences some of which have provided CEUs for the staff.

Conferences/Meetings

- State Physical Education Conference
- National Physical Education Conference
- Closing the Gap
- State Occupational Therapy/Physical Therapy Supervisors Meeting
- State Special Education Conference
- State Vision Conference

Workshops

- Myofacial Release Workshop
- Foot Orthotics Workshop
- Neurodevelopmental Treatment Training
- Seating and positioning Workshop
- State Head Injury Workshop
- Phase III Summer Institute for Physical Education Teachers
- Feeding Workshop

Management Systems

State and federal law dictates the process by which students enter the special education system and how progress is monitored. The Des Moines Public Schools has developed the Manual of Policies and Procedures for Special Education to be in harmony with these established laws. Additionally, guidelines established by the Itinerant Team are used for directing procedures, practices, and problem solving.

Students who show problems with regular classroom activities may be referred for evaluation and possible services. The referral process involves the identification of specific areas in which the student demonstrates problems. Instructional strategies must be tried and evaluated and screenings done prior to the referral for a formal evaluation. If interventions are not successful, a multidisciplinary evaluation is conducted. Therapists and itinerant teachers evaluate areas targeted in the referral process.

If a student is found to be eligible for services, an Individualized Education Plan (IEP) must be written addressing area(s) of need. If a student is already in special education, the therapist writes a section to be included in the student's IEP. Student progress and services are reviewed every year with re-evaluations taking place every three years.

PRODUCT EVALUATION

ADHERENCE TO STANDARDS, POLICIES OR REGULATIONS

The Iowa Rules of Special Education state that the AEAs have the responsibility to "...conduct activities in each constituent school district at least once every three years to monitor compliance with the provisions of all applicable federal and state statutes and regulations and rules applicable to the education of handicapped pupils." (Department of Education, Rules of Special Education, 1988)

Due to the size of the district, Heartland AEA 11 has initiated compliance visitations in one-third of the Des Moines schools each year. This allows all schools to be involved in the compliance review at least once every three years.

Previous compliance review reports were consistently complimentary to the District in terms of adherence to federal and state guidelines in special education. A review of the 1989 report on file revealed miscellaneous IEP deficiencies in using objective criteria, the need to file Adjusted Program Reports when rule exceptions are needed, and certification discrepancies. The District Special Education Department responded with corrective action in the areas designated by the compliance report.

At present, Heartland AEA 11 began the current compliance review with school visitations between December 12, 1990, and February 13, 1991. A report is anticipated by May 1991.

OUTCOMES FROM DEPARTMENTAL OBJECTIVES

A review of building objectives showed an emphasis on raising test scores, increasing self-esteem, increasing attendance, improving student behavior, and developing alternative delivery of content at the middle and high schools. Many of these building objectives impact on special education services.

Two years ago, the Special Education Department held a compressed planning conference to examine areas of concern among instructional support staff. As a result of this conference, the following departmental goals were developed for the 1989-90 school year. Each of the goals involved committees representing consultants, work experience coordinators, psychologists, social workers, and supervisors.

1. Develop a plan to increase pre-referral/prevention programming utilizing a report submitted by a steering committee to the directors of Elementary, Secondary and Special Education by May 1990.

   Response: Continue to emphasize district-wide prereferral intervention by establishing a centralized working file of current at-risk programs and explore avenues of coordination with other at-risk programs. Expand the Building Intervention Cadre (BIC) model to all elementary buildings, pilot the middle school BIC model, and develop a viable high school BIC process. Explore the feasibility of implementing short-term (30-45 days) crisis/diagnostic centers. Increase in-service activities on prereferral interventions. Further information is on file in the Department of Student Services.

2. Develop a multi-phase plan to decrease special education and "at-risk" student dropouts by increasing incentives and improving the curriculum for that population. Submit the recommendations to the directors of Elementary, Secondary and Special Education by January 1990.

   Response: Data were collected and recommendations were developed to reduce the withdrawal of special education students from school. This information was submitted to the District's Task Force for Students At Risk. Recommendations are currently being incorporated into a district-wide report that will address program needs for all students at risk.

3. Develop strategies for positive recognition of all support, Educational Services, and Special Education staffs. Submit the recommended strategies to the Educational Services and Special Education supervisors by May 30, 1989.

   Response: A number of activities were implemented to provide positive recognition of support staff. Activities included an in-service on methods to recognize staff, designing notes with logos for each support staff group, and providing a computer program to staff members with pre-formatted letters of appreciation. Further information is on file in the Department of Student Services.

4. Improve efficiency of educational services by studying paperwork demands, clarifying roles of team members, reevaluating staff/personnel needs, and exploring resources available. A report of recommendations will be submitted to the Director of Special Education and Director of Educational Services by December 1989.

   Response: Recommendations from the paperwork committee were to continue use of the computerized IEP program as an option for teachers and to improve the roster management system by seeking compatible data base systems between the Red Book system, Mid-Iowa and the consultant roster programs. Further information is on file in the Department of Student Services.

5. Revise three-year evaluation and IEP process to be more functional as documented by a report of recommended changes submitted to the Director of Special Education by October 30, 1989.

   Response: Recommendations in the three-year reevaluation process centered on ensuring that building teams outline individual responsibilities and set timelines for completion of the review. Emphasis was placed on legal requirements of parent notification and involvement in the reevaluation conference.

6. Conduct a study of minority enrollment in special education to determine whether current policies are effective in preventing a disproportionate number of minority students being placed in special education programs.

   Response: Current literature and district policies and procedures regarding assessment and placement of students in special education programs were reviewed. The district statistics were analyzed and recommendations were developed. A preliminary report is on file. A follow-up is planned during the current school year.

7. Coordinate the County Attorney's Mediation Project to assist district personnel and parents in the reduction of serious attendance problems.

Response: The efforts of personnel in the Mediation Project and the school district were combined to address corrective legislation relative to the enforcement of truancy violation in the Compulsory Education Law. A plan to utilize the mediation concept in truancy enforcement was successfully introduced to the state legislature for implementation in the truancy law.

UNINTENDED OUTCOMES

As a result of the direct service model for providing therapeutic and remediative services, students have been pulled out of their classroom programs to receive support services by occupational therapists, physical therapists, certified occupational therapist associates, and speech-language pathologists. Consequently, they miss instructional time while in therapy. This is especially costly to these students as they often are experiencing academic difficulties related to their disabilities. The move to increase integrated therapy and collaborative consultation as part of the state's Renewed Service Delivery System and the Des Moines Schools' Neighborhood Schools Project is addressing this issue.

AWARDS

Staff Member	Award	Sponsoring Association
Deborah Dearden	PEPI Award (Physical Education Public Information)	Iowa Association for Health, Physical Education, Recreation, and Dance
Jean Linder	Award of Excellence	Iowa Occupational Therapy Association
Wilbert Coleman	Speech-Language Principal of Year	AEA 11 and DMPS speech-language pathologists
Marie Cardamone	Honorable Mention Speech-Language Principal of Year	AEA 11 and DMPS speech-language pathologists
Des Moines Public Schools and Heartland AEA 11 speech-language pathologists	Public Relations Certificate of Merit	Iowa Speech and Hearing Association

1989-90 ACTIVITIES

Service to Students

1. The staff served over 300 infants and preschoolers with disabilities and their families.
2. All 3,610 students placed in special education programs received service from support staff at one time or another. Comprehensive evaluations were completed on over 2,500 students.
3. The students with hearing impairments in special programs located at Lucas, Callanan and Roosevelt schools received special counseling from a psychologist who is skilled in signing.
4. Several student groups were facilitated to assist them in the following areas:
   a. Study skills

b. Stress and time management
c. Behavior management
d. Social skills
e. Human sexuality
f. Decision-making skills
g. Alcohol and drug abuse (Ala-teen group at Brody)
h. Peer pressure and gangs
i. Relaxation techniques

5. Sent educational records on 2,863 students to other school districts and agencies in Iowa and other states in order to facilitate their appropriate educational placement.

Service to School Staff

1. Provided in-service education to school staff in the following areas:
   a. Criteria for identifying students with specific disabilities, e.g., mental, learning, communication, autism and behavior.
   b. Crises intervention process in schools, e.g., suicide, violence, murder, accidents and other catastrophic incidents.
   c. Stress management.
   d. Effective teaching.
   e. Non-aversive behavior management.
   f. Social skills training.
   g. Classroom management.
   h. Training Building Intervention Cadres in schools.
   i. Staff development classes and training the staff development instructors.
   j. Students affected by drugs and alcohol.
2. Participated in administrative and mediation hearings.
3. Assisted in developing Framework for Effective Support Services under Phase III program.
4. Provided training on Curriculum Based Measurement to staff participating in Neighborhood Schools Project and helped develop district norms for reading, math and written language.

Services to Parents

1. Contributed articles to school bulletins and newsletters on behavior management, drug abuse, retention, depression and suicide, sibling rivalry, developmental stages, book reviews on "parenting," listening skills, living with children and how to seek help from school staff and community agencies.
2. Made several presentations to parent-teacher organizations covering a variety of topics.
3. Provided individual consultation to parents regarding specific needs of students.
4. The staff assigned to programs for preschool handicapped provided "parent-involvement" training under the Utah project.

Community Agencies

District support staff act as liaisons between the schools and many public and private community agencies (Appendix A). They also volunteer to serve on various committees and boards. In a cooperative effort with the district, community agencies provide evaluative and ongoing intervention services to students and their families.

Special Projects

1. The data have been collected and are being analyzed for creating district norms for Curriculum Based Assessment through the Neighborhood Schools Project in ten elementary and two middle schools.

2. A preliminary study was completed on "Minorities in Special Education" to develop safeguards for preventing over-representation of minorities in special education programs.
3. The District Crisis Response Teams, comprised of psychologists, social workers, counselors and nurses, have been highly effective.
4. Behavior Rating Scale study was completed for establishing local norms.

OTHER PRODUCT INFORMATION

Psychological Services

The data gathered through monthly reports are summarized below. In addition to consultation, assessment, staffings and in-service programs, there is a focus on intervention outcomes. After the students receive psychological interventions, each psychologist tabulates data according to the following categories:

1. Behavior change successful; client met criterion level.
2. Behavior change acceptable; criterion not met but behavior changed in desired direction.
3. Behavior change did not occur or is not acceptable.
4. Client is in school or community but data are not available.
5. Client moved from school or community and data are not available.

The level and quality of service is also monitored by the principals and supervisor of psychological services. The performance evaluations are completed by using the standard district evaluation instrument.

School Psychological Services
1989-90 Summary

Type of Service	Total Served
1. Assessment	
a. Individual	2,098
b. Group	331
2. Interventions for students	
a. Indirect	164
b. Direct	317
c. With Parents	169
3. Staffings	2,546
4. In-service for teachers/parents	91
5. Total Referrals	2,404

Social Work Services

The school district's enforcement of chronic truancy cases and obvious violations of the compulsory education requirement has been prevented in the last three years because of language changes in the law. Prior to these changes, school social workers addressed 300 truancy referrals from elementary and middle schools. In 1989-90, 105 referrals were

received. The significance of this reduced number is not to be considered as a reduction of truancy cases within the school district, but a recognition by school personnel that the enforcement capabilities of the district are no longer effective deterrents to ensure regular school attendance as required by state law and school district policy.

Even though parents cannot be prosecuted because of the current truancy law, the Polk County Attorney's Mediation Service has continued to process truancy referrals from the school district based on parental neglect and family dysfunctioning that denies a youngster the right to attend school daily, as required by law. This intervention of mediation has resulted in improved school attendance in 82 percent of the cases referred. In the remaining cases, the school district has prevailed upon the mediation process as many as three times with the same parents, but their children continue the pattern of excessive absence/truancy because there is no ultimate sanction for prosecution that will make the parents accept the responsibility for their child's school attendance.

In the past, the truancy program has recorded a higher percentage of success when the district court gave parents an option of ensuring the satisfactory attendance of their children at school or face a misdemeanor charge for truancy.

The information from the yearly report submitted to the Heartland AEA 11 office indicated that the following services were performed by Des Moines school social workers during the 1989-90 school year.

Assessment

A. Interviews, observations, behavior rating scales or other efforts to evaluate the student in order to determine the need for special education programs or services.	1,904
B. Reasons for assessment referral	
Academic	881
Social/Behavior	399
Developmental	297
Other	327

Intervention

A. Direct services to students/family by individual, group, parent or family counseling.	475
B. Indirect services to student/family through an intermediate process--skill training, interagency coordination, liaison, consultation, etc.	2,948
Staffings	1,480
In-service sessions (For various groups, i.e., building staff, parents, church groups)	69

Speech-Language Services

During the 1989-90 school year, 468 students were dismissed from speech-language services. Of these, 275 students were dismissed because terminal speech and language goals and objectives were met, 79 were dismissed because their speech and language skills were developmentally appropriate or were no longer academically, socially, personally, or emotionally handicapping, five were dismissed because maximum compensatory skills had been achieved, 103 students moved out of the Des Moines School District, and six were dismissed for other reasons.

Itinerant Team Services

During the 1989-90 school year, itinerant staff served 262 students and conducted 148 screenings and evaluations. Twenty-one students met criteria and were dropped from service. A breakdown of student status is listed below.

Occupational Therapy			
Screenings/Evaluations	96	(39 found not eligible for services)	
Consultation services	115	Students deleted from services	6
Direct Services	38	Students moved out of district	9
Physical Therapy			
Screenings/Evaluations	23	(9 found not eligible for services)	
Consultation services	37	Students deleted from services	4
Direct Services	20	Students moved out of district	6
Adaptive Physical Education			
Screenings/Evaluations	19	(18 found not eligible for services)	
Consultation services	4	Students deleted from services	8
Direct Services	15	Students moved out of district	3
Itinerant Vision			
Screenings/Evaluations	10	(6 found not eligible for services)	
Consultation services	29	Students deleted from services	3
Direct Services	4	Students moved out of district	0

Caseloads for occupational therapists and physical therapists at Smouse and Van Meter have remained primarily consistent at approximately 30 for each therapist. Due to the nature and severity of disabilities of students at these schools, few students are dropped from service.

Therapists in the Early Childhood Special Education program are reporting a significant increase in referrals to the infant program. Because of the age of students, services generally are continued into elementary programs.

FUTURE PLANS

Students with Traumatic Brain Injury

A steering committee was formed during the summer of 1990 to address this issue. The committee is a multidisciplinary team that has been trained in the needs of students with head injury. This school year, the committee plans to in-service staff in every support area in the district. By March 1992, information will be shared with all interested district employees. Consequently, transition plans for students with traumatic brain injury will be incorporated into the educational programs for these students. The transition plans will address a student's movement from the hospital to school and eventually into the work place. Procedures established for this process will be incorporated into the "Manual of Policies and Procedures, Special Education, Des Moines Public Schools."

Students Affected by Drugs or Alcohol

A district task force has been charged with educating district staff in this area. An in-service presentation will be given at the district in-service in March 1991. Building representatives will receive resource packets which include lists of community agencies and general information on characteristics of children affected by drugs or alcohol. There has already been a significant increase in the number of students identified at the preschool level who fall into this category.

Student Services Advisory Council

Within the structure of support services in the Des Moines district, there are several organizational issues that are being addressed. During the spring of 1990. the Student Services Department established a Student Services Advisory Council with representatives from each support area. The general purpose of the council is to foster better communication and coordination within the department. A specific task of the advisory council is to study the current delivery of support services to buildings and consider a reorganization to improve these services to special education teachers and building administrators. The committee is looking into the distribution of staff based on need in the hopes of improving continuity of services and visibility within the schools. Recommendations from the committee regarding space and equipment allocation, support staff assignments, scheduling, role definition and utilization, direct service issues, maintenance of quality staff issues and paperwork issues, will be finalized in the spring of 1991.

Staff Training

To meet one of the goals of the Itinerant Team and Neighborhood Schools Project and address an issue that arises with the restructuring of support services, training in the area of **collaborative consultation** is needed. This has begun for staff involved in the Neighborhood Schools Project but also must be done with all support staff. Currently, this issue is being addressed with Heartland AEA 11.

Training also is under way in the area of **non-aversive behavior management**. This training is important for anyone designing or implementing behavior management programs for students.

Another area being addressed with regard to training is **functional assessment**. Some support staff have been trained in this area but training is still needed for speech and language pathologists and members of the Itinerant Team. Future planning also must continue as a joint effort between the Student Services Department and Heartland AEA 11 for the provision of in-service and other support. A longitudinal plan for in-service is essential as part of a quality service delivery system.

Integration of Students with Severe Disabilities

In recent years, integrated programs for students with severe disabilities have expanded. This year, students at Smouse and Van Meter schools are being restaffed to determine if special school placement is necessary and it is anticipated that the trend toward increasing integrated programs will continue. Consequently, staff who had not worked with these students before must do so now. In order to provide quality services to these students, staff must learn new skills. In addition, a shifting of staff assignments may be necessary to meet the needs across the district. This is especially true for occupational and physical therapy services.

Work Space

A need that is felt across the district is for support staff to have better work spaces in buildings with more privacy and access to telephones. These needs are being addressed to some degree as building construction is done throughout the district and new phone systems are installed but there are still schools where some of these needs are not fully realized.

Service Levels

Projected budget reductions for 1991-92 and 1992-93 will result in fewer support services staff. Support services will need to be re-examined to prioritize the services provided in order to maintain essential services and eliminate those which are less essential.

APPENDIX A

COMMUNITY RESOURCES

The Des Moines special education support staff depends on a variety of public and private community agencies for serving children and families with special needs. The following list includes community resources cooperatively involved and contributing to the strength of our services:

American Occupational Therapy Association
American Physical Therapy Association
Area Comprehensive Evaluation Learning Services
Autism Society of Iowa
Broadlawns Hospital
Catholic Social Services
Child Abuse Prevention Council
Childrens' Habilitation Center
Community Telephone Service
Daycare for Exceptional Children
Deaf/Hard of Hearing Parent Support Group
Department of Human Services
Des Moines area private preschools
Des Moines Child and Adolescent Guidance Center
Des Moines Health Center
Des Moines Hearing and Speech Center
Easter Seals
Family Counseling Center
Family Violence Center
First Call for Help
Goodwill Industries
Head Start Programs
Heartland Area Education Agency
Intersectional United Advanced Planning Center
Iowa Braille and Sight Saving School
Iowa Children and Family Services
Iowa Comprehensive Human Services
Iowa Lutheran Hospital
Iowa Methodist Medical Center
Iowa Parents of the Deaf
Iowa School for the Deaf
Iowa Speech and Hearing Association
Legal Aid Society
Lutheran Social Services
Mainstream Living
Mercy Hospital
National Council on Alcohol and Substance Abuse
Orchard Place
Our Primary Purpose
Paratransit
Polk County Association for Retarded People
Polk County Attorney Mediation Office
Polk County Juvenile Court
Polk County Mental Health
Student Assistance Program
The Association for Persons with Severe Handicaps
United Way of Iowa
University of Iowa Hospital Schools
Urban Dreams
Variety Club of Iowa
Woodward State Hospital
Young Women's Resource Center
Youth Emergency Shelter Services
Youth Law Center